

JESSE WHITE, SECRETARY OF STATE
DRIVER TRAINING SCHOOL APPLICATION FOR BRANCH LICENSE
(PLEASE PRINT OR TYPE)

- ☐ CLASSROOM ONLY
☐ OFFICE ONLY
☐ OFFICE & CLASSROOM

GENERAL

Name of Driving Training School		Office Business Hours		Date of Application Month Day Year	
Street Address of Driving Training Facility (Branch)		City		State	ZIP Code
Phone (Branch)		Type of Business: (check one) Any change in type of business would require submitting a new application. Failure to make such application may result in action being taken against your school license. <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Association <input type="checkbox"/> LLC Limited Liability Corporation			

List names, addresses and telephone numbers of all owners, partners, associates, corporate directors, officers and managers below.

NAME	ADDRESS	POSITION	PHONE

QUESTIONS

PLEASE RESPOND WITH A "YES" or "NO"

- | | |
|---|--|
| 1. Was the branch facility licensed during the previous year?
(If YES, has any changes been made to the facility?) _____

_____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Does your branch facility comply with all state laws and regulations and all municipal ordinances and regulations relating to public health and public safety for the school facilities? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Do all the seating facilities have desk-like surfaces? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Does your branch classroom contain any psychophysical testing equipment?
(If YES, please explain.) _____

_____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Is your branch classroom equipped with audio-visual equipment? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Is your branch classroom equipped with other testing aids?
(If YES, please explain.) _____

_____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Does your school branch offer a complete course of classroom instruction? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

CONDITIONS

As a condition for the issuance and the continued effect of a Driver Training School license, the undersigned undertake and agree to all of the following conditions:

- A. to maintain adequate records, as prescribed by the Illinois Compiled Statutes and rules and regulations thereunder and to permit the inspection of such records by an authorized representative at reasonable times.
- B. to employ or use instructors who have been properly licensed by the Secretary of State to instruct at the applicant's school.
- C. to advise the Secretary of State, on forms supplied by the office, whenever an instructor's employment is terminated by the applicant and to provide a brief statement for the reason for the termination.
- D. to comply with all state laws and regulations, and all municipal ordinances and regulations relating to public health and public safety for the school and business facility.
- E. to comply with all the provisions of the Illinois Compiled Statutes and the rules and regulations relating to Driver Training School.
- F. to advise the Secretary of State within 20 days of any material change in the application or the schedules which are made a part thereof.

Under penalty of perjury, I (we) swear and affirm that all of the information submitted by me (us) regarding this application is true and correct. I (We) also swear and affirm that no fictitious or fraudulent documents have been presented for the purpose of this application.

Signature	Title
Signature	Title
Signature	Title
Signature	Title

Each owner, partner, associate, manager and a majority of the corporate directors and officers of the Driver Training School must sign in the space provided above. (One signature in each boxed area.)

To knowingly make a false statement or conceal a material fact in this application is a criminal offense and will result in the revocation of your Driver Training School license.

When you have completed this application (including schedules) and attached a \$50 payment required by law, mail it to:

Office of the Secretary of State
Commercial Driver Training School Section
1800 W. Hawthorne Ln.
West Chicago, IL 60185

JESSE WHITE Secretary of State